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COMPLIMENTS OF  
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# Implantation of a Glass Ball in the Orbit after Enucleation of an Eye.

BY

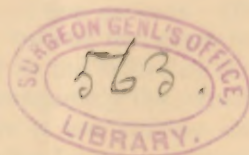
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## IMPLANTATION OF A GLASS BALL IN THE ORBIT AFTER ENUCLEA- TION OF AN EYE.

By L. WEBSTER FOX, M.D.,

Professor of Ophthalmology in the Medico-Chi-  
rurgical College, Philadelphia.

The success attending evisceration of an eyeball and inserting an artificial vitreous in thirty operations has led me to devise a similar method of improvement in cases where the eyeball has been removed in toto.

The retraction of orbital tissue and consequently the sunken appearance which an artificial eye bears to its fellow always make the patient a marked individual. The sinister stare and want of movement in the artificial eye makes the removal of an eyeball, for whatever cause, an unfortunate calamity to any individual. I have at last succeeded in successfully implanting a glass ball in orbital cavities of two patients. (Fig. 1.)

In my first patient the glass ball does not lie directly in the centre of the orbital cavity, and consequently the adjustment of an artificial eye is not entirely successful, although there has been great improvement

over conditions existing prior to this operation. The orbital tissues contracted to such an extent that no eye could be worn at all. The eyeball was removed by myself twelve years ago at the Germantown Hospital.

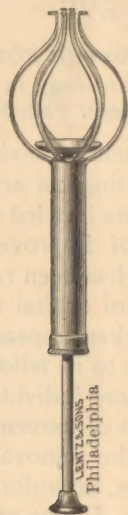


FIG. 1.

In the second case I have been more successful, having succeeded in keeping the glass ball directly in the centre of the orbital cavity. My method is as follows: An incision is made through the conjunctiva and tis-



sues of the orbit in the horizontal direction, corresponding to scant the diameter of the glass ball to be inserted—for instance, if the glass ball is one centimetre in diameter the cut would be two millimetres less. The upper lip of the conjunctiva is raised and with a sharp-pointed curved scissors the conjunctiva and such connective tissue which lies close to it is dissected off in all directions around the incision, making a pouch into which the glass ball will fit.



FIG. 2.

(Fig. 2.) On account of the vascularity of the parts, considerable bleeding follows this dissection, but it is easily controlled by pressure; after the bleeding stops the glass ball is inserted into the cul-de-sac with the injector. The edges of the conjunctiva are brought together by five or six stitches and the after-dressing is the same as I follow in the evisceration cases.

Immediately after the operation the artificial stump does not show very markedly; but after all swelling disappears we have a



FIG. 3.

beautiful stump for the adjustment of an artificial eye. It would be almost impossible to note the difference between implantation or evisceration, for the movement is almost the same.

The patient (see Fig. 3) shows the result of the operation with the artificial eye adjusted. The patient was brought to the Medico-Chirurgical Hospital by Dr. John N. Leuker, of Wiconisco, Pa., for vague pains in her right eye and also with the hope that something might be done to improve the appearance of the artificial eye. It had a sunken appearance. The left eye had been lost by a general inflammation of the eyeball, which necessitated its removal, and was done most successfully last November by my friend, Dr. J. Walter Park, of Harrisburg. The orbital cavity was faultless. When the artificial eye was adjusted, however, it had the fault of all such cases,—the rotation was limited and the enophthalmus pronounced.

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